

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	DUAL FUNCTION DRUGS AND USES THEREOF
Attorney Docket Number::	03235/100M884-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Charles
Middle Name::	Anthony
Family Name::	Altar
City of Residence::	Garrett Park
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	11100 Kenilworth Avenue
City of mailing address::	Garrett Park
State or Province of mailing address::	MD

Postal or Zip Code of mailing address:: 20896

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Malcolm
Middle Name:: G.
Family Name:: Taylor
City of Residence:: Abingdon
Country of Residence:: United Kingdom
Street of mailing address:: 111 Milton Park
Evotec OAi
City of mailing address:: Abingdon
Country of mailing address:: United Kingdom
Postal or Zip Code of mailing address:: OX14 4YD

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Derek
Family Name:: Hook
City of Residence:: Woodbury
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 7035 Lydia Circle
City of mailing address:: Woodbury
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55125

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Michael
Middle Name:: G.
Family Name:: Palfreyman
City of Residence:: Annapolis
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 2123 Quay Village Court, T-1
City of mailing address:: Annapolis
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 21403

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/19973	06/21/04
PCT/US04/19973	An application claiming the benefit under 35 USC 119(e)	60/480,036	06/19/03

Assignee Information

Assignee name:: Psychiatric Genomics, Inc.
Street of mailing address:: 19 Firstfield Road
City of mailing address:: Gaithersburg
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20878